

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on September 17, 2003.

## **I. DISPUTE**

Whether there should be reimbursement for out of pocket expenses for prescription medications for dates of service 08/01/03, 09/05/03, and 09/10/03.

## **II. RATIONALE**

No EOBs were submitted by either party; therefore, the disputed dates of service will be reviewed according to Commission Rules. The insurance carrier has not responded to this requestor for Medical Dispute Resolution.

The claimant submitted a letter of medical necessity from the treating doctor, medical expenses reports for dates of service 08/01/03 and 09/05/01 and a receipt for date of service 09/10/03 showing out-of-pocket expenses in the amount of \$54.12.

- Hd-roco/APAP10-325MG Tab for dates of service 08/01/03 and 09/05/03. The requestor submitted a letter from the treating doctor supporting the use of the prescribed medication and receipts showing requestor has paid for this medication. Per the Texas Workers Compensations Commission Act 401.011(19)(E) and (31)(A) reimbursement in the amount of \$22.88 is recommended (\$12.88 + \$10.00).
- Carisoprodol 350 MG Tab for date of service 08/01/03. The requestor submitted a letter from the treating doctor supporting the use of the prescribed medication and receipts showing requestor has paid for this medication. Per the Texas Workers Compensations Commission Act 401.011(19)(E) and (31)(A) reimbursement in the amount of \$10.00 is recommended.
- Methadone 10 MG Tab for dates of service 09/05/03 and 09/10/03. The requestor submitted a letter from the treating doctor supporting the use of the prescribed medication and receipts showing requestor has paid for this medication. Per the Texas Workers Compensations Commission Act 401.011(19)(E) and (31)(A) reimbursement in the amount of \$21.24 is recommended (\$9.36 + \$11.88).

#### **IV. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for out of pocket expenses for prescription medication in the amount of \$54.12. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$54.12** to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 18th day of March 2004.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

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